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U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
CAPE GIRARDEAU

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI

Southeastern DIVISION

Edward Weaver,

(Write the full name of the plaintiff in this action.
Include prisoner registration number.)

v.

Dr. Phillip Tippon.

(Write the full name of each defendant. The caption
must include the names of **all** of the parties.
Fed. R. Civ. P. 10(a). Merely listing one party and
writing "et al." is insufficient. Attach additional
sheets if necessary.)

Case No: _____
(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury



Yes



No

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepayment of fees and costs.

I. The Parties to this Complaint

A. The Plaintiff

Name: Edward Weaver

Other names you have used: N/A

Prisoner Registration Number: 1203101

Current Institution: Southeast Correctional Center,
300 E. Pedro Simmons Dr. Charleston, Mo.
63834.

Indicate your prisoner status:

- | | |
|---|--|
| <input type="checkbox"/> Pretrial detainee | <input checked="" type="checkbox"/> Convicted and sentenced state prisoner |
| <input type="checkbox"/> Civilly committed detainee | <input type="checkbox"/> Convicted and sentenced federal prisoner |
| <input type="checkbox"/> Immigration detainee | <input type="checkbox"/> Other (explain): _____ |

B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

Defendant 1

Name: Phillip Tippon

Job or Title: Medical Doctor

Badge/Shield Number: N/A

Employer: Missouri Department of Corrections / Carizon.

Address: P.O. Box 236, Jefferson City, Mo. 65102

X Individual Capacity X Official Capacity

Defendant 2

Name: _____

Job or Title: _____

Badge/Shield Number: _____

Employer: _____

Address: _____

☐ Individual Capacity☐ Official Capacity**II. Statement of Claim**

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

1. On 1/1/2017, I was diagnosed with Hep C, and it's a rare type referred to as auto immune deficiency. This was at another institution. On 1/1/2017, I began trying to receive treatment but was denied, so I began and completed the IRR process on 1/1/2018. 1/1/2018, as a result treatment denied.

2. It happened on 1/1/2018.

3. It happened at 3 J.E.C.C. (continued next page)

Continued from 11. Statements of Claim, Pg. 3
Paragraph 4.

4. On 1/20/18, due to a deliberate indifference of medical staff, and denial of medical treatment I suffered the following, at the following place, date and time, due to my rare type of Hep C.

Explanation of events are as follows:

(a) after my IRR process was complete and I was denied treatment for my Hep C issues I had a medical issue where I needed treatment, but was denied, and which stemmed from the denial of prior medical treatment for my Hep C, and as a result of the denial of prior treatment for this very issue - I suffered irreparable harm.

(b) the irreparable harm not only scarred me mentally, spiritually, and emotionally, but physically as well. I was in more pain than I've ever experienced in my life x 10, I cried out to God for help and prayed for relief and that he not let me die in prison as a result of this pain.

(c) the medical staff deliberately denied my medical emergencies and cries for help when I couldn't even walk without losing my breath and going into tears, my urine was orange and had blood in it and it hurt so bad just to urinate.

Continued From 11. Statements of Claim.

Pg- 3, Paragraph 4.

(d) Description of Event is as follows: On or about: 2018, I declared a medical emergency after having been Sick for 5 days, I could barely stand up and urinate without passing out because of Shortness of breath, and my urine was brownish orange. I barely made it to medical walking. I had a temperature that was up and down for around a week which was 103 up and down, and inbetween 101, 102.7, and 103. When I self declared it was because I thought I had blood in my urine, and that I may have walking pneumonia. When I finally made it to medical a nurse checked my temperature which revealed 103. She asked my symptoms: I told her I had Shortness of breath, I would get hot and then Cold, fainting spells of no blood, and thought I was urinating blood. She then admitted me into ICU. She retrieved a urine sample from me within 30 minutes of being admitted into ICU, it was dark brownish orange color. Over the weekend my blood was sent off for testing, on Monday the Dr. had the test results which revealed that my liver Enzymes were very high, and my white blood Cell Count was 2.5, normal is point 4 to point 10. Dr. Tippen then wanted to send me to an outside Dr. As a result Jefferson City denied the Dr.'s request for treatment. As it is Jefferson City told the Dr. to keep monitoring me and to give me

* See attached Pg. 1 of 2, Pg. 2 of 2 *

Continuing Statement of Claims 4, 5.,
water, Ice water, and gave me a shot in the
buttock's because I had no appetite and wasn't
eating. The next day my blood was drawn again
which revealed that my enzymes were even
higher, and my white blood Cell Count was a two,
in which Dr. Tipples Stated was almost non-existent.
I Constantly battled, (and continue to battle) as up and
down fever. While in ICU, as I told the nurse, I almost
passed out when standing to urinate and hit my head
against the wall, and everything was blurry, so I
had to Set down and urinate from that point on. I
Couldn't finish urinating without passing out first.
Medical knew I was dehydrated and they didn't put
an IV into me to give me vitamins, antibiotics and
the fluids that my body needed in order to rehydrate
itself. My blood was monitored constantly for about a
week, checking my vitals, and my levels. My enzymes
Climbed all the way to 3000, treatment is recommended
at around 1000. I was released from ICU when my
enzymes were around 1600, and Dr. Tipples told me
to drink plenty of fluids, (Continued next page.)

III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

As described from paragraph 4 (d) I received
no medical treatment, was left with scars
on my mouth, and

Page 1 of 1 - Continued From Pg. 4, Paragraph 4, (d)

at the time I was in ICU, my lips broke out with fever blisters so bad that the right side of my mouth was left scarred. After the scarring occurred medical gave me a Creme to put on the old blistered area, in which was two days after my release from ICU. (During the fever times in ICU I cried out to God to save me from the pain and asked him to not let me die like this in prison, and within a couple of days my symptoms started leaving me and the sickness and fever went away, and I was then released from ICU.)

By no stretch of the imagination was I healed under the direction and care of the Medical Staff in Jefferson City Missouri, or by the Medical Staff or Doctor Tippon here at the Southeast Correctional Center.

IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

I'm requesting punitive damages due to cruel and unusual treatment, medical negligence, mental distress, emotional abuse, as well as physical scarring. Literal pain and suffering. As a result of irreparable harm I'm requesting 1.7 million dollars.

V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

S.E.C.C., 300 E. Pedro Sumors, Dr. Charleston, MO. 63834.

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☒ Do not know

If yes, which claim(s)? Denied relief and Medical treatment.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

E. If you did file a grievance:

1. Where did you file the grievance? Same place of present imprisonment.

→ 2. What did you claim in your grievance? (Attach a copy of your grievance, if available) That I had Hep C, a rare type which is recorded, and that I needed treatment as I have a 20 yrs. Sentence and I have to serve 17.5 yrs. of that.

→ 3. What was the result, if any? (Attach a copy of any written response to your grievance, if available) My requests were denied. See Attached as Exhibit 1 (next Pg.) See Attached as Exhibit 2 (next Pg.) I R R Tracking # 18-284

Exhibit 1 (From pg-6, paragraph 3)

Pls. Wiggall, "Saturday" July 6th, 2019

I talked to Mr. Watson, and asked for a copy of my IRB, Grievances, and Appeals, and the responses to those things filed in my request and denial of Hep C treatment. I don't even have tracking no. (s). This process began Oct-Nov. last year. Was exhausted a couple months ago and I'm now going through a second process of IRB to get treatment. Anyway - will you please give me a copy of these filings to put with my 1983 form. I need these forms to complete the filing. Mr. Watson told me to contact the Grievance Office for these copies, which I did and have not received a response. Thank you Pls. Wiggall - I know you're about your business is why I contacted you.

Happy 3rd of July

Weekend.

Thank for your Time & Attn. in this Matter. Yours Truly, Leaver, Edward #1203101

Hill 6D-2017

Please respond as soon as practicable

We do not provide that other than the copies you were originally given. Your lawyer may ask for copies of these documents for filing.

Exhibit 2 (from pg. 6, paragraph 3)

Guidance Officer

July 3rd, 2019

I'm requesting a copy of all of my IRRs and responses relating to Denial of Hep C treatment. This process began in October to November 2018. I really appreciate your time & consideration in this matter.

Sincerely and respectfully Submitted and requested, yours truly, Edward Weaver.
1203101

WileD-201

P.S. I tried to retrieve these things from my housing unit Case worker and he told me to contact your office for these things. Also Watson is my CCM II in Housing Unit 6!

Please respond soon,

Thank You
and have Good day---

You receive copies when you receive your answers. The guidance office does not give out any further copies.

Ms Daub
CCM II
7.9.19

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I filed a grievance on denial of the IRR, and then an appeal to the denial of my grievance and it was finally completed and denied from D.O.C. in Jefferson City, Mo. (Final Appeal Date was 1-10-19.)

F. If you did not file a grievance:

N/A

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VI. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this "three strikes rule"?

☐ Yes ☒ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court's order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes ☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff N/A

Defendant(s) N/A

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A
6. Is the case still pending? N/A
☐ Yes
☐ No (If no, give the approximate date of disposition): N/A
7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?) N/A
- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?
☐ Yes ☒ No
- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1. Parties to the previous lawsuit
Plaintiff N/A
Defendant(s) N/A
2. Court (if federal court, name the district; if state court, name the state and county)
3. Docket or case number N/A
4. Name of Judge assigned to your case N/A
5. Approximate date of filing lawsuit N/A

6. Is the case still pending?

☐ Yes N/A

☐ No (If no, give the approximate date of disposition): N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?) N/A

VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27th day of January, 2020.

Signature of Plaintiff

Edward Leaver

Edward Weaver #1203101
SECC Heli 60D
300 E. Pedro Simmons Dr.
Charleston, Mo. 63834.

This correspondence is from an inmate in the custody of
the Missouri Department of Corrections. The Department
is not responsible for the content of this correspondence.
For information about the Department or to verify
information about the offender, please visit our website at
www.doc.mo.gov.

Gregory J. Linkner
Clerk of Court
United States District Court
Eastern District of Missouri Southern Div.
555 Independence Suite 2000, Cape Girardeau
Missouri 63701

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